

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10-618-176**  
APPLICANT(S)

FILING DATE **07-10-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
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11						
12		2				
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26	1					
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

51						
52	1					
53		1				
54		1				
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100						
TOTAL IND.	2					
TOTAL DEP.	53					
TOTAL CLAIMS	55					